

| ISSUE CLASSIFICATION |          |
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| Class                | Subclass |
|                      |          |

PATENT NUMBER

# U.S. UTILITY Patent Application

**O.I.P.E.**

PATENT DATE

**SCANNED**

## Q.A.

|                              |                 |              |               |                          |                       |
|------------------------------|-----------------|--------------|---------------|--------------------------|-----------------------|
| APPLICATION NO.<br>09/507509 | CONT/PRIOR<br>D | CLASS<br>705 | SUBCLASS<br>5 | ART UNIT<br>2764<br>2766 | EXAMINER<br>L Rinaldi |
|------------------------------|-----------------|--------------|---------------|--------------------------|-----------------------|

## APPLICANTS

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2175

**TITLE**

# Conditional purchase offer management system

PTO-2040  
12/99

**ISSUING CLASSIFICATION**

[illegible]☐ Continued on Issue Slip Inside File Jacket

|  |  |             |            |  |                      |
|--|--|-------------|------------|--|----------------------|
| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>  | <b>DRAWINGS</b>                            |             |            | <b>CLAIMS ALLOWED</b>                              |                      |
|  | Sheets Drwg.                               | Figs. Drwg. | Print Fig. | Total Claims                                       | Print Claim for O.G. |
| <input type="checkbox"/> The term of this patent<br>subsequent to _____ (date)<br>has been disclaimed.   | _____<br>(Assistant Examiner) _____ (Date) |             |            | <b>NOTICE OF ALLOWANCE MAILED</b>                  |                      |
| <input type="checkbox"/> The term of this patent shall<br>not extend beyond the expiration date<br>of U.S. Patent. No. _____<br>_____  |  |             |            | <b>ISSUE FEE</b>                                   |                      |
|  |  |             |            |  |                      |
| <input type="checkbox"/> The terminal _____ months of<br>this patent have been disclaimed.   | _____<br>(Primary Examiner) _____ (Date)   |             |            | Amount Due   | Date Paid            |
|  |  |             |            | _____<br>(Legal Instruments Examiner) _____ (Date) |                      |
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